

Reimbursement Voucher

Once payment has been approved, the check will be disbursed after the next School Board Meeting.

Claimant

Name

Address

In Account With

Lakeview Independent School

District #2167

875 Barstad Road,

P O Box 107

Cottonwood, MN 56229

Phone: 507-423-5164

Fax: 507-423-5568



Date	Item / Description	Funding Account	Amount

Date Submitted: _____ Total Due to Claimant: _____

I declare under the penalties of law that this claim is just and correct and that no part of it has been paid.

Signature of Claimant: _____

Thank You!